STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Dawn E.	McKinney		
II. Name of lobbyist's partnership, firm	or corporation, if any:		
New Hampshire Legal Ass	sistance		
(Name of partnership, firm		restationary - \$44.44	
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)) 603-223-9794 (Fax)	e-mail <u>dmcki</u>	nney@nhla.org
III. This statement covers: (Choose one reportable expense transactions which a			y file a separate report for
☐ All reportable transactions occurring in	the months prior to the rep	orting date relative to the	e following client:
•	as it appears on the Lobbyist	Registration Form)	
OR X All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registr		July 26, 2017 💆 wity from 4/1/17 to 6/30/17	
October 25, 2017 activity from 7/1/17 to		January 31, 2018 ivity from 10/1/17 to 12/31/	17
V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.	and no reportable trans m and submit it to the Secr	sactions made since the etary of State's Office, St	ne last report. Gate House, Room 204,
VI. Check if additional reports are attac		Jan Jan A. Francond Fr	
If you have received fees or made expense Reimbursement			
If you, your firm, or your family has n	ade political contributions,	you must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge (Signature of lobbyist) Dawn E. McKinney (Print Name of lobbyist)	and RSA 664 and hereby:	swear or affirm that the form $\frac{7-25-}{(Date)}$	foregoing information is true 17 e)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

N	New Hampshire Legal Assistance		
	rtnership, firm or corporation)		
III. Name of Client	N/A	Date	
to lobbying, including fees	f all fees received from the client identified a for services such as public advocacy, governing legislation, and related legal work. The	ment relations, o	r public relations servi
a). Tatal of all foor manipad	in this reporting period	2) (2	Ω
a) Total of all fees received			0
b) Total of all fees received	in this reporting period d this calendar year, prior to this reporting per otal of all prior monthly reports for this calend	iod b) \$	0
 b) Total of all fees received (This should equal the total of all fees received) 	d this calendar year, prior to this reporting per otal of all prior monthly reports for this calend	iod b) \$ dar year)	0
b) Total of all fees received (This should equal the to	d this calendar year, prior to this reporting per otal of all prior monthly reports for this calend	iod b) \$ dar year)	

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	10,893.91
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$10,893.91
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 7,346.90 f)\$ 18,240.81
f) Total of all expenses year to date	ns 18,240.81
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobby list)	7-25-17 (Date)
Dawn McKinney (Print Name of lobbyist)	
(Finit manic of loodyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	Dawn McKinney	
II. Name of lobbyist's pa		oration if any
11. Name of lobbyist s pa	rmership, in m or corp	oration, is any.
	pshire Legal Assistance	
(Name of pa	rtnership, firm or corporation)	
III. Name of Client	N/A	Date
Political Contributions For each political contributions client/lobbyist and lobbyi		ursuant to RSA Chapter 664 paid on behalf of the owing:
Full name of candidate:	Sununu	Christopher T (First Name) (Middle Name/Initial)
Amount of contribution \$	1000 —	Office Candidate is Seeking SNEWDY
Full name of candidate:		
Full name of candidate: _	(Last Name)	(First Name) (Middle Name/Initial)
		(First Name) (Middle Name/Initial) Office Candidate is Seeking
Amount of contribution \$ If the contribution is an in-k	ind contribution, provide a	
Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co	ind contribution, provide a	Office Candidate is Seeking description of the goods or services provided, and enter the
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co	tind contribution, provide a ntribution on the line above if the word "estimate."	Office Candidate is Seeking description of the goods or services provided, and enter the efor amount of contribution. If the actual cost is not known,
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ind contribution, provide a	Office Candidate is Seeking description of the goods or services provided, and enter the

(If more than three contributions	were made, report additional contribution	s on separate addendum C forms.)
Sworn Statement/Affirma	tion by Lobbyist	
	5-B and RSA 664 and hereby sweets of my knowledge and belief.	ear or affirm that the foregoing inform
ma		7-25-17 (Date)
(Signature of lobbyist)		